

Augusta Recreation & Parks Department

ADULT ATHLETIC INDIVIDUAL REGISTRATION FORM

**PLEASE PRINT

Signature

First Name	Middle	Last Name	E-mail Address	
Mailing Address		City	 State	Zip Code
Home Phone	Work Phone		Cell Phone & Carrier	
Place of Employment or School You Attend			Date of Birth	
he activities as well as tran Recreation & Parks	sportation to and from the	ne activities. I do further he the above or any of the sup	reby release, absolve, indeminded in the sponsors, suppointed by them.	sks and hazards incidental to the conduct of nify, and hold harmless the Augusta upervisors, any and all of them. In case of I also authorize Augusta Recreation, Parks &

Team Name